

Committee Program Evaluation

Please submit this form within **two weeks** following completion of the event/program/fundraiser or at the end of year for all year programs. Return this form to the member of the PTA Board of Directors responsible for the program and retain one copy for the program notebook.

Date: _____

Event/Program Name:

Program Chair Name:

Contact Information (email/phone): _____

How many hours did you spend as the chair for this event/program?

What additional volunteers (people & hours) are needed for this event/program?

Were volunteer needs met for the program? Yes No Explain: _____

How is this program best led/chaired?

Single Chairperson

Co-Chairpersons

Committee

Would you be willing to chair this event/program again next year? Yes No

If no, can you recommend a replacement chair?

Participants (where applicable):

Estimated (actual) number of participants/people in attendance (if multiple events list by event or average attendance): _____

Estimated cost to the PTA, per participant: _____

Purpose: (use back of form for additional comments)

Program description:

Objective/Goal of program:

How was the objective measured?

Was the objective met in the current year?

What worked well?

What didn't work well?

What changes would you suggest for next year?

Do you think this program should be renewed for next year? Yes No

Why or why not?

How can PTA better support this program?

Budget Summary:

Current Year Budgeted Expense: _____

Current Year Budgeted Income: _____

Actual Cost of Program (Expense): _____

Actual Program Income: _____

Proposed Future Cost of Program (Expense): _____

Proposed Future Program Income: _____